

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Anam Cara
Centre ID:	OSV-0000749
Centre address:	St Canice's Road, Glasnevin, Dublin 11.
Telephone number:	01 857 2362
Email address:	fiona.mcanespie@foldgroup.co.uk
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Fold Housing Association Ireland Limited
Provider Nominee:	Martina Conroy
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	54
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 October 2014 09:30 To: 14 October 2014 17:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 05: Documentation to be kept at a designated centre
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This was the third inspection of Anam Cara Housing with Care by the Health Information and Quality Authority's (the Authority) Regulation Directorate. The purpose of this inspection was to follow up on matters arising from a registration inspection carried out on 13 and 14 May 2014 and to monitor progress on the actions required arising from that inspection.

As part of the inspection the inspector met with residents and staff members observed practices and reviewed documentation such as policies and procedures care plans, medical records and directory of residents.

It was found that although some progress was made by the provider in implementing the required improvements identified by the registration inspection further action is required in key areas of staffing, medication management, care planning and healthcare management.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The statement of purpose was not amended to reflect all of the requirements of Schedule 1 of the regulations.

The document does not accurately describe the service in line with all of the requirements of Schedule 1 in the following areas;

- the specific care needs the service intends to meet such as nursing care or level of health and social care needs or dependency
- criteria for admission or age range are not clear enough to ensure the service would comply with the care and welfare regulations
- it is not clear if day care services are provided
- there are no details on whether or what type of therapeutic techniques are provided
- information is limited on the arrangements for social and leisure activities
- the arrangements for contacts with friends or relatives is not clear
- the Authority is incorrectly included as the complaints procedure

Judgment:

Non Compliant - Moderate

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Further to the registration inspection the provider was required to establish a system to review the quality and safety of care delivered to residents to ensure care was delivered in accordance with the National Quality Standards for Residential Care Settings for Older People in Ireland.

This system was to ensure the review of the quality and safety of care and quality of life of residents. A report should be available in the centre and on request to the Chief Inspector. This system of audit and review was not in place.

The person in charge was found to have continued to conduct reviews on some elements of care primarily on safety aspects such as environment prevention of infection and health and safety and informed the inspector she was awaiting the commencement of a nurse advisor to establish the complete review process.

However, the appointment of a clinical nurse advisor was not finalised at the time of this inspection and although the person in charge expected that this was imminent an exact start date was not available. The findings on this inspection replicates many of the findings of the registration inspection particularly under outcomes 9,11 and 18

The management systems in place in this centre have not improved since the registration inspection and were again found to be ineffective in meeting recognised deficiencies in clinical care delivery.

Examples include; appropriate and safe medication management systems not implemented; a high standard of suitable and safe clinical care for residents with complex needs not assured.

The inspector found that the lack of resources, managerial direction and supervisory supports given to the person in charge contributed to a lowering of the standard of care delivered to residents.

Judgment:

Non Compliant - Moderate

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Some actions required further to the last inspection were addressed. The centre's insurance policy includes cover for loss or damage to resident's personal property and personal possessions lists were in place and updated on a regular basis. The resident's guide was found to be amended to meet all of the requirements of the regulations.

All of the policies listed in schedule 2 were found to be in place and some other policies which were identified as requiring review, were found to be updated, specifically the risk management, responding to emergencies and complaints policies. However, the complaints policy incorrectly includes the Authority as part of the independent complaints process and the medication management policy requires further update to reflect the change of pharmacist provision.

The medication management policy requires further update to reflect the change of pharmacist provision and clarification of the processes in place to check stock balances. The roles and responsibilities of all staff were not clear and steps to be followed where stock received did not match pharmacist dispensing record were not included.

An electronic directory of residents was in place however, it does not contain all of the information required in Schedule 3 of the Regulations, specifically; dates of transfer, discharge or date of death.

On review of a sample of personnel files it was found that all of the information required was not available such as Garda Síochána vetting.

Judgment:

Non Compliant - Minor

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

All of the actions required from the registration inspection were found to have been addressed.

The fire procedure was prominently displayed and person specific instructions on the most appropriate means of transfer for each resident during an evacuation were located behind some of the procedures.

Additional equipment to ensure the safe and timely evacuation of less mobile or immobile residents has been ordered and evidence of this was viewed.

Revised training on fire safety and evacuation had been delivered although the inspector was unable to meet with staff and determine their familiarity with the revised evacuation processes due to a suspected transmittable infection outbreak.

Arrangements to prevent the spread of a possible outbreak of a transmittable infection were in place on the day of inspection. An email notifying the Authority had been sent on the previous day however, the inspector was not aware of this prior to arrival, The inspection was limited to review of documentation and discussions with the person in charge, senior care staff and household staff.

The inspector found that the systems in place to prevent the spread of infection were appropriate, timely and in accordance with current best practice.

Judgment:

Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Actions required from the registration inspection were not addressed in relation to medication prescribing practices under the Care & Welfare Regulations 2009 (as amended) and included;

- an original General Practitioner (GP) signature was not available for all medications including discontinued medications.
- maximum dose for all pro re nata (PRN or as required) medications was not identified
- where medications were being crushed they were not identified as suitable for crushing and a prescriber's signature was not available.

An error in the dispensing and administration of medication was also found. A medication was prescribed where the amount of the medication was to increase incrementally each week over a four week period to a maximum dose. However, it was found that the correct amount of the medication was not dispensed for the second week and so the amount administered remained the same and did not increase. This meant that the resident did not receive the correct amount of medication over the four week period.

On checking the medication records it was noted that a member of staff had found there was a shortfall between the number of tablets written as dispensed by the pharmacy and the number counted in the pack when received however, evidence that this error was reported to the person in charge or followed up with the pharmacist was not available.

The practices in place for the prescribing and administration of medication usually given to prevent blood clots were not found to be safe or in line with best practice. An original specific prescription for the medication was not available in the centre. The inspector was provided with a copy of a direction sent to the community intervention team by the doctor to increase the amount of the medication according to a recent blood test.

It was further noted that the drug was being administered at varying times each day between 09:00 to 17:00 hrs however, this medication should be administered at the same time every day to ensure, as far as possible, an accurate blood clotting time can be derived from regular blood testing.

The inspector was told that the practice of transcribing by staff had ceased.

Judgment:

Non Compliant - Major

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Actions required from the registration inspection were not addressed.

Findings on this follow up inspection were similar to those of the registration inspection. Although residents had good access to health professionals such as acute hospital services, community care teams, GP, public health nurses, physiotherapists and psychiatry of old age consultants and in general their healthcare needs were being met, significant improvements in the management of care was found to be required to ensure safe, timely and appropriate responses where there were indications of deterioration in a resident's health.

There were no full time nursing staff in the centre. All clinical professional nursing interventions were provided on an as required basis by the community public health nurse such as; clinical assessments on continence, mobility, skin integrity or diabetes. Any medication injections such as insulin, vitamin B or calcium and all wound care assessments and dressings are conducted by the public health nurse.

However, there was no record of any of these nursing related interventions retained in the centre and an overall picture of the health condition of residents requiring this level of nursing intervention was not available.

Again it was found that significant areas for improvement were required in the documentation of care given. There was a need to develop a system to ensure that healthcare plans reflected the care delivered and were amended in response to changes in residents' health and this was still not in place. These plans were not being checked

regularly to make sure they were detailed enough to maintain or improve a resident's health. The daily progress notes written by care staff did not refer to the health care plan to give a clear and accurate picture of residents' overall health.

There was not enough evidence to assure the inspector that the standard of care being delivered was sufficient to manage the healthcare needs of frail older persons with multiple health related problems.

On this inspection the inspector was told there were three residents who were identified as requiring full time nursing care and a referral process had been started to source appropriate transfer to other centres. However the inspector was told that this can be a lengthy process and the person in charge was unable to give any assurance on an appropriate time frame. This raised concerns for the management of residents with complex needs who require full time nursing care where the standard and suitability of care currently provided was not fully meeting all residents needs.

Examples include;

- although risk assessments were being conducted, some were 'modified' versions of complete assessment tools or were incomplete and not thorough. This meant that residents who may have poor appetite, poor mobility or poor continence were not being accurately identified as at risk of developing pressure ulcers and arrangements to prevent this were not adequate
- where residents had been re admitted following transfer to other services, risk assessments were not reviewed to check whether there were any changes to the residents overall condition.
- residents with wounds such as skin tears did not always have a care plan in place to ensure this was appropriately managed and monitored to promote healing and prevent recurrence
- recommendations made by consultants, nurses or other health professionals were not included in residents plan of care to make sure they were implemented and monitored to assess effectiveness
- residents showing signs of significant deterioration in health such as increasing breathlessness, increasing confusion, recurrent infections, reduced mobility and increased fatigue, risk assessments and care plans were not detailed enough to identify the interventions required to manage these symptoms. There were not always care plans in place to manage some of these problems. It was also found that adequate records of each resident's health and condition were not completed on a daily basis

Some improvements to the documentation of care was found where efforts to put the person at the centre of healthcare planning was noted. It was also noted that where monitoring of food or fluid intake for those at risk of losing weight was required, the recording systems had improved to make them more detailed and give a more accurate picture of actual intake on a daily basis. The result of this improvement was that some residents' formerly losing weight had now begun to gain weight.

Judgment:

Non Compliant - Major

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Findings:

All bedrooms and communal areas were found to meet the needs of the current resident profile in relation to size and spatial requirements on the registration inspection.

A good standard of operational and household hygiene was found and the centre was found to be clean and hygienic.

Some minor issues required to be addressed such as provision of wash-hand basin and lockable storage for chemicals in both the cleaning store rooms and hairdressing room. however, the inspector was unable to make a judgement on outstanding action requirements or the level of compliance in relation to this Outcome due to infection prevention and control measures in place on the day of inspection.

Judgment:

Substantially Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The complaints policy was reviewed and updated to include an appropriate appeals process. But this process inappropriately references the Authority as part of an independent complaints process.

Judgment:

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On review of a sample number of resident's personal possessions list it was found that all of these lists had been reviewed and a process was in place to update them on a regular and as required basis.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Training for all staff in areas of practice which require mandatory training such as fire safety, moving and handling and prevention of elder abuse were found to be delivered and a review of the frequency content and duration of training had taken place. Fire safety training was revised to include talks on fire safety and procedures to be followed in the event of an evacuation in a full day of training. Moving and handling also contains elements of practical training and both this and training on prevention of elder abuse were of a half day duration.

Some further training specific to the current residents profile was found to have been

delivered such as management of diabetes and assessment and care planning. However, other aspects remain outstanding specifically; management of clinical deterioration, medication management and management of behaviour that challenges.

Information was requested after the day of inspection on the content and duration of training provided to staff in some of the above areas which was received. On review of this information it was noted that the content of the medication administration training in place was delivered by the centre's pharmacist to the senior care staff. This training lasted for half a day and covered aspects of medication management such as; ordering, storage, disposal, administration and recording processes specific to the pharmacy and the centre. However, the actual specifics of the training on each aspect was not included.

The process included senior care staff being supervised for a specific period by their line manager or another, previously trained senior care staff member, neither of whom would necessarily have any clinical professional training. Having looked at all of the information on the medication training the inspector was not assured that this was adequate to ensure safe practice in all aspects of medication management for large numbers of older persons many of whom are on complex medical regimes.

In conversation with some staff and with the person in charge and on review of clinical documentation as referenced under outcome 11 in this report, the inspector found that there was insufficient evidence to ensure the provision of safe suitable and sufficient care in a safe and timely manner to the current resident profile.

The findings on this inspection replicated those of the registration inspection in that, although residents were well presented and staff worked hard to deliver good care it was found that the lack of clinical knowledge available to provide guidance and direction to staff on the management of complex care needs had not yet been addressed. It was also found that there were several residents who required full time nursing care which was not available.

It was again found that although the centre's statement of purpose and function states that the range of needs to be met does not include nursing needs, the level of needs for some residents had changed since their admission and several now required ongoing or regular nursing inputs and had been re assessed as now requiring full nursing care.

On the day of inspection it was found that the action required in relation to the provision of a qualified and experienced senior nurse to provide clinical guidance and assure the appropriate and timely review assessment and management of complex clinical needs of residents had not been addressed. However, due to resident's increased level of needs and the lack of evidence of a high standard of nursing practice identified, it was found that the skill mix within the centre is not meeting the needs of all residents and that there is a requirement for professional clinical nursing care inputs on an ongoing basis for the current resident profile.

Judgment:

Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Anam Cara
Centre ID:	OSV-0000749
Date of inspection:	14/10/2014
Date of response:	12/11/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose did not contain all of the information required under Schedule 1 of the Regulations

Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:

Updated and completed.

Proposed Timescale: 12/11/2014

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was a lack of nursing resources, managerial direction and supervisory supports to effectively monitor care practices to ensure the delivery of safe consistent care to all residents.

Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

The Manager receives support from:

- Director of Care services of Fold Ireland.
- Care service Manager.
- HR officer.
- A clinical nurse has been employed by Fold Ireland to give clinical support to both scheme managers. The clinical nurse is currently working on a consultancy basis four days per week and commenced employment on 21/10/14

Proposed Timescale: 12/11/2014

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A system to review the quality and safety of care and quality of life on those aspects of care which informs and improves standards of care delivered through trend identification, analysis recommendations made and implemented and review of learning derived was not in place and a report to be made available the Chief Inspector on request is required

Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8

of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:

A quarterly scheme review was completed in September 2014. An annual review of the quality and safety of care delivered to the residents will be completed by the care services manager and the clinical nurse on annual basis.

Proposed Timescale: 31/12/2014

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Policies and procedures in place required to be reviewed to reflect current practice and provide sufficient guidance to staff.

Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:

The complaints policy has been amended to remove the authority as part of the independence complaints process. Please see attached policy.

During the first cycle of the new medication system (dates 3rd November- 30th November inclusive), the draft medication guidelines will be reviewed to ensure that they are both centre and pharmacy specific. The pharmacy now attends on site during the monthly check in to ensure that stock balances are validated. The new pharmacy service includes a 24hr on call service so that all variances can be notified immediately

Proposed Timescale: 30/11/2014

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

An electronic directory of residents was in place however it does not contain all of the information required in Schedule 3 of the Regulations, specifically; dates of transfer, discharge or date of death

Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

Please state the actions you have taken or are planning to take:

We are currently still waiting for EPIC to include dates of transfer, discharge and date of death on our electronic system, however whilst we wait completion of the same. We have completed a paper version of the directory which is available on site.

Proposed Timescale: 12/11/2014

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

On review of a sample of personnel files it was found that all of the information required was not available such as Garda vetting in accordance with the the National Vetting Bureau(Children and Vulnerable Persons) Act 2012

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:

All staff have been Garda vetted through the Irish Council for Social Housing. Staffs complete the Garda vetting forms. We submit the forms to the I.C.S.H. for vetting. When staffs are vetted they respond back to us in a letter form stating that the staffs have been vetted. We have contacted the I.C.S.H all original Garda vetting forms are now in place.

Proposed Timescale: 12/11/2014

Outcome 09: Medication Management**Theme:**

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The practices in place for the prescribing and administration of medication were not found to be safe or in line with best practice such as;

- an original GP signature was not available for all medications including discontinued medications.
- maximum dose for all pro re nata (PRN or as required) medications was not identified
- where medications were being crushed they were not identified as suitable for crushing and a prescriber's signature was not available.

Some medications were not administered at similar times each day as required to ensure efficacy and accuracy of future prescribing.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

From the 3rd of November 2014, when the GP attends on site they will update the kardex. If the resident attends an outpatient appointment the original script will be left with the centre and the script will be kept with the resident's medication administration records until the doctor updates the kardex.

If the resident does not attend the doctor in person, the kardex will be brought to the surgery for updating.

By agreement with the pharmacy, as of the 3rd of November 2014, the medication administration records (MARS) will include the maximum dose prescribed plus an indication. In addition, the senior care staff can contact the pharmacist 24hrs a day for advice.

As of 3rd November, the crushing procedure has been revised. The authorisation for crushing in principle by either a doctor or a Speech and language therapist is documented in the professional involvement form and senior care staffs update the care plan. The professional involvement form is sent to the pharmacy and this also documents the reason for crushing. The pharmacist reviews the medication and specifies the procedure for crushing for each individual drug. The resident has a /C printed after their name to highlight that they have been approved by both parties for crushing of their medication. The medication management policy will confirm that staffs may only crush if there is /C after the residents' name. If the approval is by a doctor, the doctor will document the same on the kardex.

We have reviewed the medication procedure and as of the 3rd November, all titrating doses will be dispensed and dated until the end of the cycle.

The Pharmacy now attends on site during the monthly check in to ensure stock balances are validated. The new pharmacy service includes a 24 hour on call service so that all variances can be notified immediately.

As of 3rd November 2014, we have reviewed our warfarin procedure. The warfarin is charted by the residents GP as per INR. The results of the last INR are sent to the pharmacy by the hospital or the GP surgery. The medication is dispensed by the pharmacy and the supply is provided in a MDS forms until the day after the next INR reading is due (see attached). The senior care workers follow the pharmacists' instructions as for other prescribed medication.

In response to the inspector's findings on the blood clotting medication, we have comprehensively reviewed our records and dispute this statement. The blood clotting medications has been consistently administered at 18:00hrs. When records were checked a single instance of where this occurred could not be identified.

Please see attached policy P1137. Section 4 requires that a stock check sheet was completed. This occurred daily at varying times to ensure that the blood clotting medication was administered correctly. It was never a medication administration record. (please see copy of MAR)

As of 3rd November, this is no longer required as the pharmacy prepares the warfarin

in a date specific format from INR to INR.

Proposed Timescale: 30/11/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Comprehensive assessments were not in place for all residents on admission and were not revised from time to time to monitor changes to conditions

Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

Please state the actions you have taken or are planning to take:

New evidence based assessment tools have been implemented through our Epic system. A review of all our residents' assessments is currently under way in collaboration with the SCW, managers and the clinical nurse. Residents' assessments are currently under review by our clinical nurse, manager and senior care workers. Our senior care staffs have been trained in care planning and assessments during the summer months.

The care service manager has contacted the assistant director of public health nursing to arrange a meeting to discuss the inspector's findings. Expected to be completed by 30th of November 2014.

Proposed Timescale: 31/03/2015

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The care plans in place were not reviewed to ensure effectiveness in managing and improving the health of all residents.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:

The care plans are currently under review by our clinical nurse, managers and senior care workers to ensure that all care plans up to date and will be reviewed every four months in consultation with the resident or family member.

All residents care plans are currently under review to develop a system to ensure that care plans reflect the care delivered. As part of her role the clinical nurse will review in conjunction with the residents senior care worker the care plans on a regular basis. An entry on the daily progress notes is documented by the senior care worker on a daily basis

Proposed Timescale: 31/03/2015

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Evidence that the standard of care being delivered was sufficient to manage the healthcare needs of frail older persons with multiple health related problems was not available.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:

Residents' with complex needs that require full time nursing care are monitored by their GP and they are also under the care of the Community Geriatrician. Residents' that have been identified as requiring full time nursing care and have had their care needs assessment approved by the LPP who are awaiting funding to be approved will be monitored by our clinical nurse.

All assessment tools have been updated. Senior care staff have been trained in care planning and assessments and the clinical nurse is currently reviewing the residents care plans and assessments. The senior care staff record the residents health and condition on a daily basis in the progress notes

Proposed Timescale: 31/03/2015

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The appeals procedure inaccurately references the Authority as part of an independent

complaints procedure.

Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

Please state the actions you have taken or are planning to take:

Complete

Proposed Timescale: 12/11/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A full time nurse was not available and a number of residents had been re assessed as now requiring full nursing care

Action Required:

Under Regulation 15(2) you are required to: Ensure that the staff of a designated centre includes, at all times, at least one registered nurse where any resident has been assessed in accordance with Regulation 5 as requiring full time nursing care.

Please state the actions you have taken or are planning to take:

A clinical nurse on a consultancy basis is now in place. The nurse, the resident's GP and the community geriatrician will monitor the resident who is awaiting placement in a Nursing Home.

Proposed Timescale: 12/11/2014

Theme:

Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

An experienced senior nurse to provide clinical guidance to staff and assure the appropriate and timely review assessment and management of complex clinical needs of residents had not been provided.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

An experienced senior nurse is now in place to give clinical guidance to staff and assure

the appropriate and timely review assessment and management of complex clinical needs of residents'. Our clinical nurse is currently in the process of prioritising our residents with the most complex needs.

Proposed Timescale: 12/11/2014

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Evidence that training on medication management training is suitable and sufficient to meet residents needs was not available

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:

Medication management; as part in the change in the pharmacy service, in November 2014, all senior staffs will undergo three sessions of medication management training. The learning outcomes will be documented in their personnel file. In December 2014 line managers and others who supervise inductees will be trained by clinical professionals from the pharmacy in competency assessment. These trainers are all qualified Train the Trainers.

Management of behaviour that challenges: Staff will undergo this training during the month of November and December 2014.

Proposed Timescale: 31/12/2014